



ACT
Government

ACT Health

FOI18-98

Dear [REDACTED]

Freedom of information request: FOI18/98

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by ACT Health on 25 October 2018.

In your application you requested:

- *Ministerial briefs to the Minister for Health and Wellbeing about how practical the Labor's 2016 election promise to "provide new grants to construct three new bulk billing medical practices - two in Tuggeranong and one in the Molonglo Valley", was and any ministerial briefs about the implementation process;*
- *Ministerial briefs on grants to establish, open or construct bulkbilling practices in Tuggeranong and in the Molonglo Valley from 2016 to date. These briefs may include, but are not limited to, Ministerial Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs;*
- *Documents and correspondence related to consideration of the applications and grants under the Bulk Billing General Practices Grant Fund during 2018, specifically seeking the overall process in terms of consideration. This may include, but is not limited to, consideration of applications for grants; meeting notes, minutes and agendas; discussion surrounding timeframes or delays; approval processes; and directions from the Minister or their office; and e-mails that involve a decision being made. Purely administrative correspondence does not need to be included, for example an email acknowledging receipt of an application or business as usual e-mails.*
- *I do not require copies of submitted grant applications or information in relation to the budget cabinet process.*

I am an Information Officer appointed by the Director-General of ACT Health under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health was required to provide a decision on your access application by 20 December 2018.

Decision on access

Searches were completed for relevant documents and 31 documents were identified that fall within the scope of your request.

I have decided to grant full access to 9 documents and partial access to 20 documents as documents identified as relevant to your request contain information that I consider to be information that would, on balance, be contrary to the public interest to disclose under the test set out in section 17 of the Act.

I have decided to refuse access to 2 documents as these documents identified as relevant to your request contain information that I consider to be contrary to the public interest information under Schedule 1 of the Act.

I have included as Attachment A to this decision the schedule of relevant documents. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as Attachment B to this letter.

In reaching my access decision, I have taken the following into account:

- the FOI Act, Schedule 1 and Schedule 2;
- the content of the documents that fall within the scope of your request;
- the views of relevant third parties; and
- the *Human Rights Act 2004*.

My reasons for deciding not to grant access to the identified documents and components of these documents are as follows:

Contrary to the public interest information under Schedule 1

Folios 1, & 3 of the identified documents contain information that is considered to be contrary to the public interest under Schedule 1 of the Act;

- Schedule 1, Section 1.6 (1) (d) - Cabinet Information - the disclosure of which would reveal any deliberation of cabinet (other than through the official publication of Cabinet decision).

Information contained in folios 1 and 3, if disclosed, would reveal deliberations of Cabinet.

Contrary to the public interest under Schedule 2

Folios 4, 8, 10, 11, 12, 13, 15, 16, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29 and 30 of the identified documents are composed of, or contain information that I consider, on balance, to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

I have decided to grant access, under section 50 of the Act, to copies of documents identified below, with redactions applied to information that I consider would be contrary to the public interest to disclose.

Folios 4, 8, 10, 11, 13, 15, 16, 18, 19, 20, 22, 23, 24, 25, 26, 27, 28, 29 and 30 contain personal information about individuals who are non-government employees.

I have identified that there are no factors favouring disclosure of this information under Schedule 2, section 2.1. I have identified that the following factor favours non-disclosure:

- Schedule 2 2.2 (a) (ii) - prejudice the protection of an individual's right to privacy or any other right under the Human Rights Act 2004.

On balance, the release of information identified is contrary to the public interest and I have decided not to disclose this information.

Folios 10, 11, 12, 13 and 20 contain information about third parties who applied for a grant and information pertaining to panel member's individual scores and comments.

The following factors were considered relevant in favour of the disclosure of the identified information:

- Schedule 2.1 (a) (i) promote open discussion of public affairs and enhance the governments accountability;
- Schedule 2 2.1 (a) (iv) ensure effective oversight of expenditure of public funds.

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2 2.2 (a) (xi) prejudice the trade secrets, business affairs or research of an agency or person;
- Schedule 2 2.2 (a) (xi) prejudice an agency's ability to obtain confidential information.

If the redacted information concerning the organisations who submitted a grant application/s was released, it could reasonably be expected to prejudice the organisations trade secrets, business affairs or research, as their intellectual property could be used by a competitive firm.

If the redacted information pertaining to panel member's individual scores and comments was released, it could be expected to prejudice the agency's business affairs when seeking panel members for future panels and the agency's ability to obtain confidential information.

I have decided that the factors favouring non-disclosure outweigh the factors favouring disclosure and on balance, disclosure of the information would be contrary to the public interest.

Charges

Processing charges are not applicable for this request under Section 107 (2) (e) of the Act.

Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application, my decision and documents released to you in response to your access application will be published in the ACT Health disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

You may view ACT Health's disclosure log at <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published on ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601

Via email: ACTFOI@ombudsman.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

If you have any queries concerning the ACT Health's processing of your request, or would like further information, please contact the FOI Coordinator on 6205 1340 or e-mail HealthFOI@act.gov.au.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Patrick Henry', written over the words 'Yours sincerely'.

Patrick Henry
Executive Director
Policy, Partnerships and Programs

20 December 2018

FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	<ul style="list-style-type: none"> • Ministerial briefs to the Minister for Health and Wellbeing about how practical the Labor's 2016 election promise to "provide new grants to construct three new bulk billing medical practices - two in Tuggeranong and one in the Molonglo Valley", was and any ministerial briefs about the implementation process; • Ministerial briefs on grants to establish, open or construct bulkbilling practices in Tuggeranong and in the Molonglo Valley from 2016 to date. These briefs may include, but are not limited to, Ministerial Briefs, Question Time Briefs, Estimates Briefs and Annual Report Briefs; • Documents and correspondence related to consideration of the applications and grants under the Bulk Billing General Practices Grant Fund during 2018, specifically seeking the overall process in terms of consideration. This may include, but is not limited to, consideration of applications for grants; meeting notes, minutes and agendas; discussion surrounding timeframes or delays; approval processes; and directions from the Minister or their office; and e-mails that involve a decision being made. Purely administrative correspondence does not need to be included, for example an email acknowledging receipt of an application or business as usual e-mails. • I do not require copies of submitted grant applications or information in relation to the budget cabinet process. 	FOI18/98



Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1.	1 - 2	Sensitive Cabinet – Election Commitment Brief – October 2016	October 2016	Refuse	Schedule 1, Section 1.6 (1) (d)	Yes
2.	3 - 5	2016 Policy Commitment – ACT Labor	10/10/2016	Full Release		Yes
3.	6 - 8	Budget-in-Confidence 2017-18 Come Back Brief	Undated	Refuse	Schedule 1, Section 1.6 (1) (d)	Yes
4.	9 - 11	E-mail	21/01/2017	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
5.	12 - 19	Ministerial Brief – Options for delivery of the ‘Boost for Bulk Billing General Practices’ 2017-18 Budget Measures	31/08/2017	Full Release		Yes
6.	20 - 23	Ministerial Brief - Options for delivery of the ‘Better care when you need it – Support for bulk billing GP’s 2017-18 Budget measure	18/11/2017	Full Release		Yes
7.	24	Project Overview	2017/2018	Full Release		Yes
8.	25	BBGPGF March 18 – June 18	12/03/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
9.	26 - 38	Bulk Billing General Practices Grant Fund Funding Guidelines	06/04/2018	Full Release		Yes



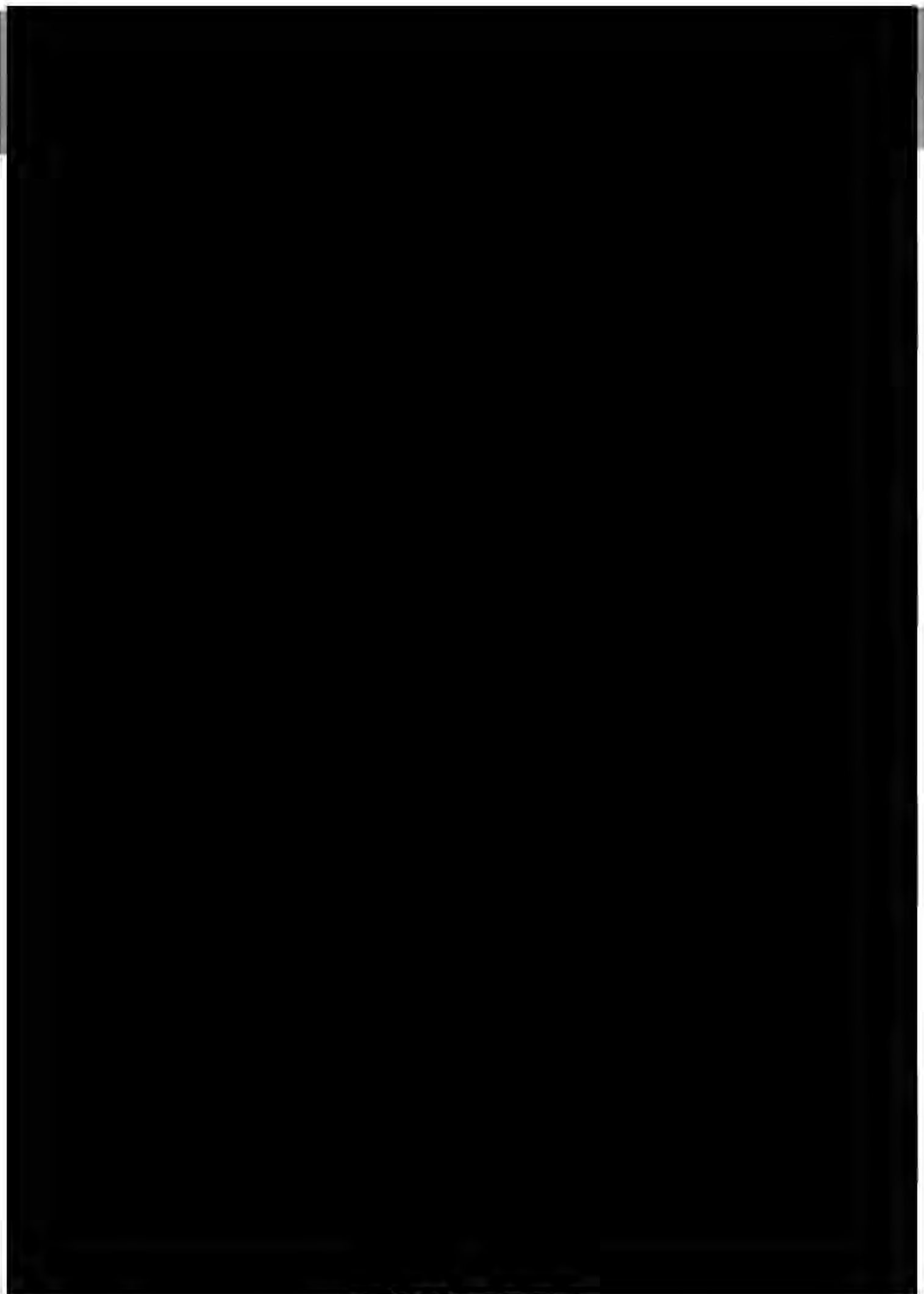
10.	39 - 51	Eligibility Assessment to be considered for Grant	6/04/2018	Partial	Schedule 2, Section 2.2 (a) (ii) (xi) (xii)	Yes
11.	52 - 262	Bulk Billing General Practices Grant Fund – Assessment Panel Information	27/04/2018	Partial	Schedule 2, Section 2.2 (a) (ii) (xi) (xii)	Yes
12.	263	BBGPGF 2018-19 Financial summary Spreadsheet	2018-19	Partial	Schedule 2, Section 2.2 (a) (xi) (xii)	Yes
13.	264 - 271	Bulk Billing General Practice Grant Fund Assessment Panel Meeting Minutes	02/05/2018	Partial	Schedule 2, Section 2.2 (a) (ii) (xi) (xii)	Yes
14.	272	Question Time Brief – Support for Bulk Billing General Practitioners	20/07/2018	Full Release		Yes
15.	273-275	E-mail	17/08/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
16.	276 - 278	E-mail	17/08/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
17.	279	Question Time Brief – Support for Bulk Billing General Practitioners	11/09/2018	Full Release		Yes
18.	280 - 282	E-mail	3/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
19.	283 - 285	E-mail	3/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes



20.	286 - 318	Ministerial Brief – Funding Recommendations for Bulk Billing General Practices Grant Fund	5/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii) (xi) (xii)	Yes
21.	319 - 321	Ministerial Brief – To allow time for this to be included in the announcement of the recipients of the Bulk Billing General Practices Bulk Billing Grant Fund	19/10/2018	Full Release		Yes
22.	322 - 323	Andrew Barr MLA – Arrangements Brief	19/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
23.	324 - 325	Meegan Fitzharris MLA – Arrangements Brief	19/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
24.	326 - 330	Meegan Fitzharris MLA Speaking Notes – Announcement of the Bulk Billing General Practices Grant Fund recipients	19/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
25.	331 - 332	Media Release	19/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
26.	333	Media Alert	19/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
27.	334 - 335	Meegan Fitzharris MLA – Arrangements Brief	22/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
28.	336 - 337	Speaking Notes – Announcement of Bulk Billing grant recipients in Coombs	22/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes



29.	338 - 339	Media Release	22/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
30.	340	Media Alert	22/10/2018	Partial	Schedule 2, Section 2.2 (a) (ii)	Yes
31.	341 - 342	Question Time Brief – Support for Bulk Billing General Practitioners	23/10/2018	Full Release		Yes
Total No of Docs						
31						



100

COR16/BS43

2016 Policy Commitment – ACT Labor

Name of Commitment:	Bulk billing grants	Reference Number: LAB040
Request Submitted by:	Andrew Barr MLA, ACT Labor	
Date Request Received:	07-Oct-16	
Additional Information Requested (details and date)	N/A	
Additional Information Received (details and date)	N/A	

Financial Implications					
Impact On:	2016-17	2017-18	2018-19	2019-20	TOTAL
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenues ^(a)	0.0	0.0	0.0	0.0	0.0
Expenses ^{(a) (b)}	0.0	-1,050.0	0.0	0.0	-1,050.0
- Employee Expenses	0.0	0.0	0.0	0.0	0.0
- Other Expenses	0.0	-1,050.0	0.0	0.0	-1,050.0
- Cost of Financing	0.0	0.0	0.0	0.0	0.0
Expenses - Depreciation	0.0	0.0	0.0	0.0	0.0
Net Operating Balance	0.0	-1,050.0	0.0	0.0	-1,050.0
Capital Requirement	0.0	0.0	0.0	0.0	0.0
Cash Surplus/Deficit	0.0	-1,050.0	0.0	0.0	-1,050.0

(a) A negative number indicates a decrease in revenue or an increase in expenses.
(b) Excludes depreciation expenses.

Other Information
Costing Methodology Used:
- Costing Technique: Treasury has costed this commitment as a grants program for a fixed amount of \$1.050 million in 2017-18 only.
- Proposal Parameters: An amount of \$1.050 million for grants to facilitate the construction of new, or expansion/refurbishment, of existing bulk-billing General Practitioner medical practices. The costing assumes a full take-up of the grants program. The financial implications table above does not include design, depreciation or maintenance costs, as the ACT Government would not own these assets. The costing assumes that administrative expenses associated with the administration of the grants program would be absorbed by the Health Directorate.
Caveats or qualifications to the costing: N/A
Other Comments: N/A
- Statistical Data Used: N/A



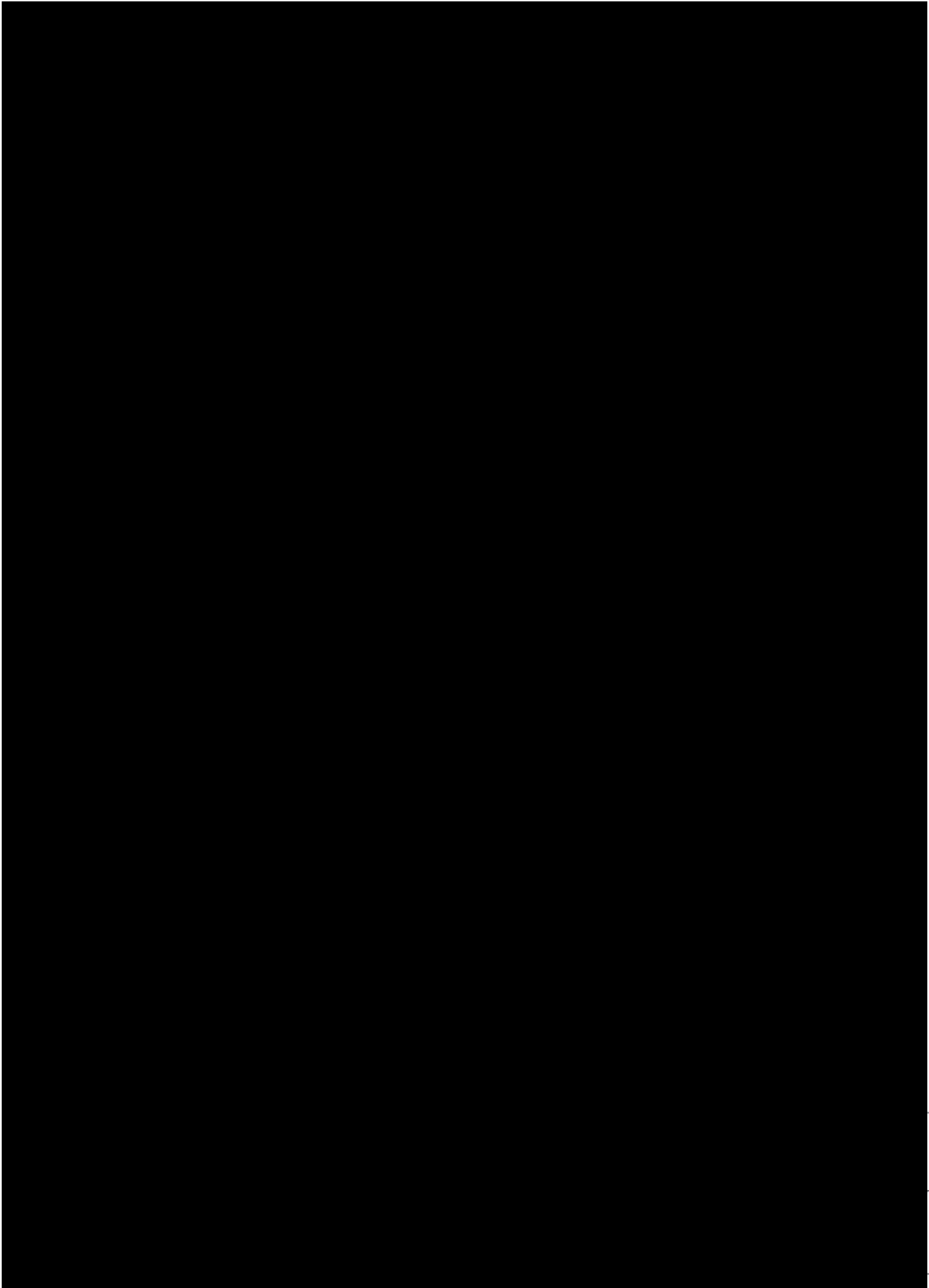
David Nicol
Under Treasurer
10 October 2016

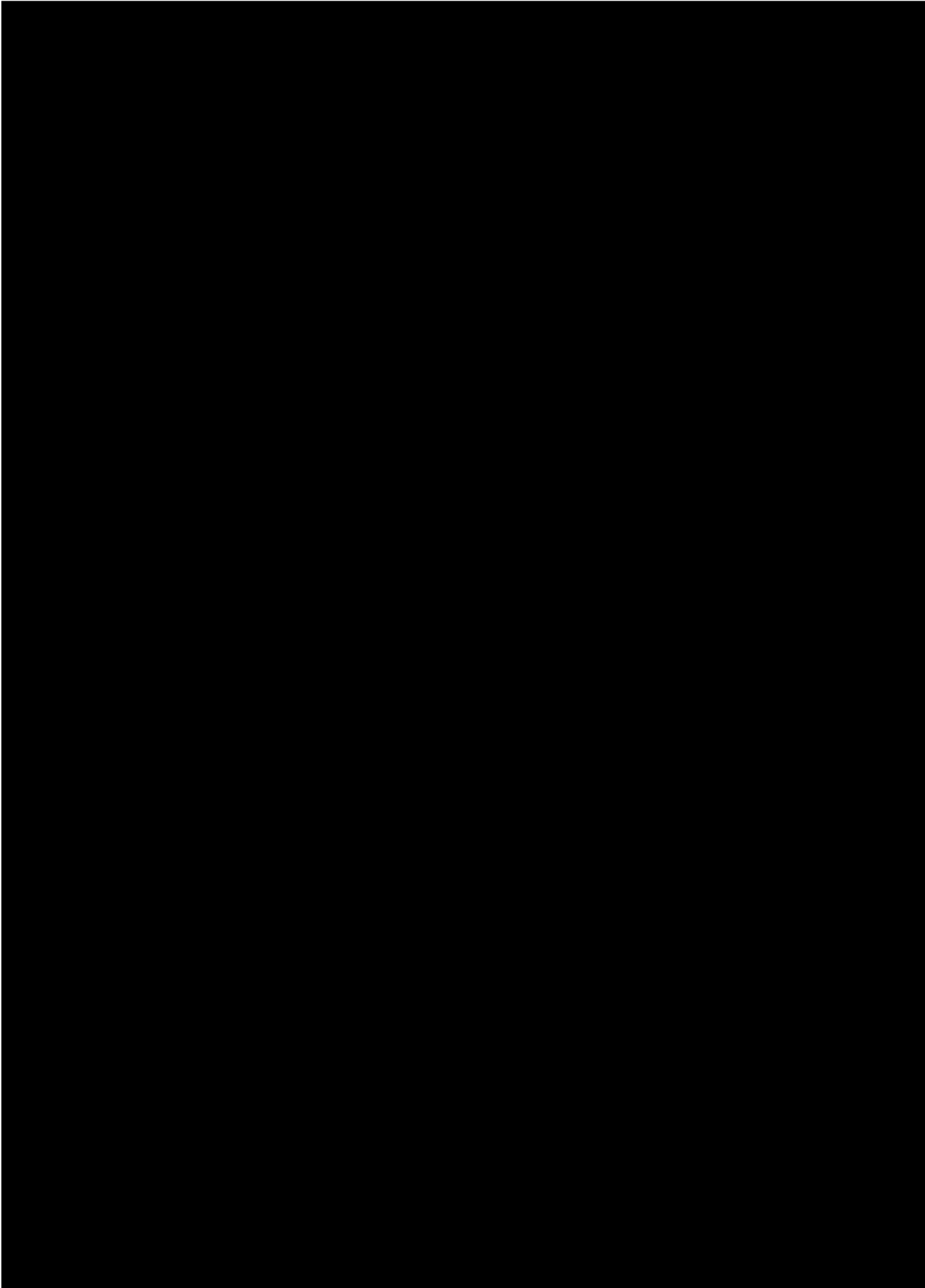
Request for Costing an Election Commitment

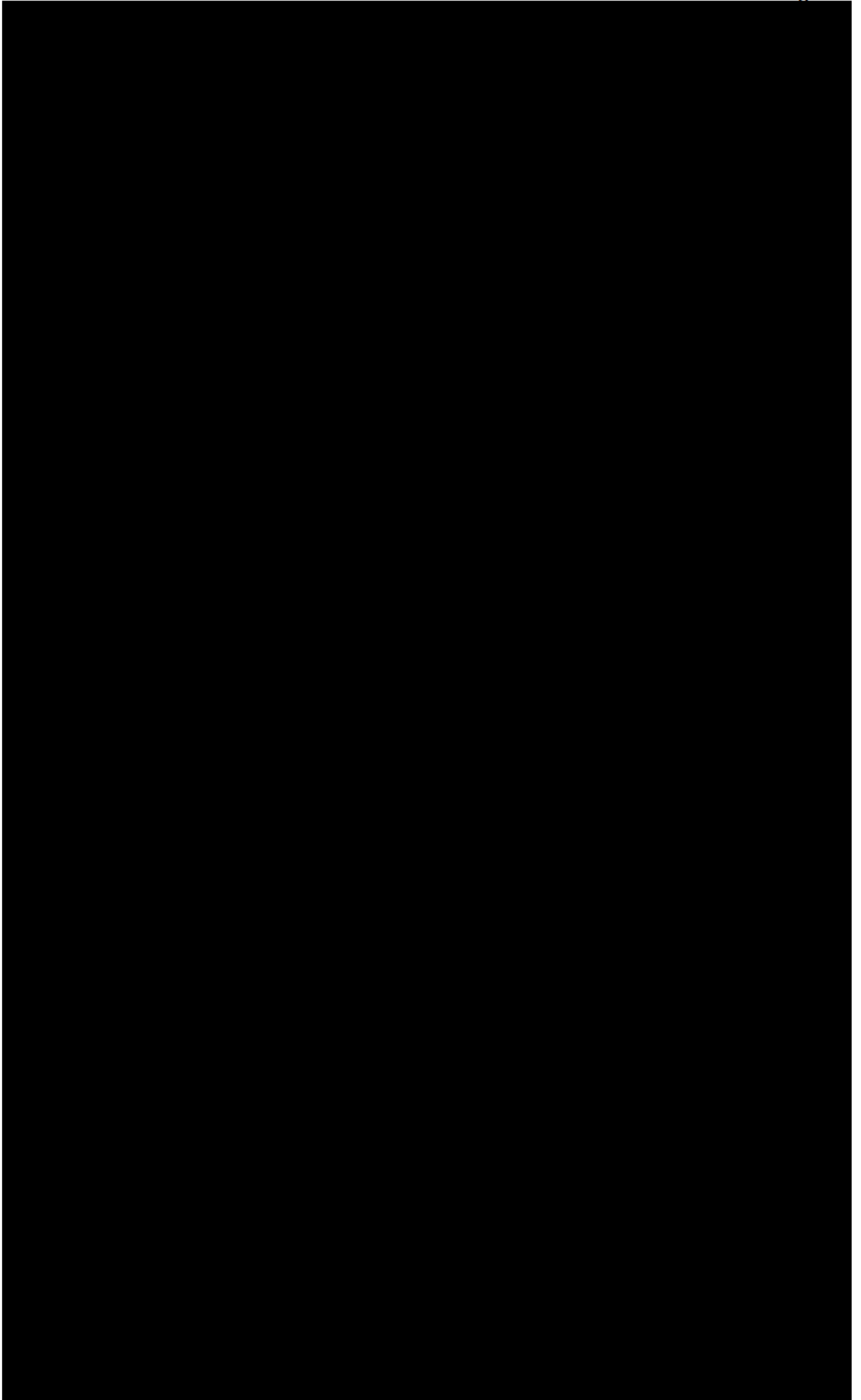
Name of policy proposal:	Bulk billing grants
Person requesting costing:	Andrew Barr, ACT Labor
Date of request:	07/10/2016
Summary of proposal:	This proposal will provide \$1.05 million in funding to facilitate the construction of new bulk-billing general medical practices.
Issue the proposal will address:	Boosting the number of bulk-billing doctors in Canberra.

What are the key assumptions that have been made in the proposal?					
Note: The costing will be developed on the basis of information and assumptions provided in the costing request. The professional judgment of the Under Treasurer will determine whether these assumptions are adopted in the costing of the proposal.					
This proposal will provide up to \$1.05 million, through a competitive grants process, for the construction/expansion/refurbishment of three health facilities that provide bulk-billed GP services. To be eligible for the grants the service must deliver bulk-billing GP services.					
What are the estimated revenue and operating costs each year (if available) and what are the capital requirements for this proposal and estimated costs each year (if available)?					
	2016-17	2017-18	2018-19	2019-20	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Revenue ^(a)					
Expenses ^(a)		-1,050.0			-1,050.0
Capital					
Depreciation					
(a) A negative number indicates a decrease in revenue or an increase in expenses. The expenses row does not include depreciation costs.					
Has any specific information or data been utilised in generating the proposal?					
No					
Where relevant, is funding for the proposal to be demand driven or a capped amount?					
Capped					
Will third parties, for instance the Commonwealth or other State/Territories, have a role in funding or delivering the proposal? Does the proposal provide additional funding to, or redirect, any existing Commonwealth/State or Territory funding arrangements (for example, does an education proposal add to or redirect NERA funding)?					
Yes – funding will be provided to build/expand/refurbish centres that provide bulk-billing GP services.					
Will funding/the cost require indexation?					

No.
Who will administer the proposal? Health Directorate
How will the proposal be administered? Through the Health Directorate.
Is the proposal part of a broader package? ACT Labor's community health package.
Has an allowance been made for expenses necessary to support the implementation of this proposal? <ul style="list-style-type: none"> - If no, will the government agency be expected to absorb expenses associated with this proposal? - If yes, please specify the key assumptions. The Health Directorate will administer the grants from existing resources.
Will the proposal generate savings or offsets? N/A.
Has the proposal been previously costed by an external (third) party? Will a copy of this material, including any assumptions, be made available to Treasury? No.
What are the community impacts associated with the proposal? Who and how many people will be affected? The community will benefit from greater access to bulk-billing GPs.
Are there any transitional considerations associated with implementation of the proposal? If so, how will they be managed? No.
What is the intended implementation date of the proposal? 1 July 2017.
When is the proposal expected to be fully operational? Please provide details such as the start and end dates, the level of commitment during each period etc? 1 July 2017.
Will the proposal cease, and if so, when? The funding will be available during 2017-18.
Is there any additional information relevant to this proposal? No.







Cohen, Sarit (Health)

From: Dal Molin, Vanessa (Health)
Sent: Saturday, 21 January 2017 11:40 AM
To: ACT Health DLO
Cc: Andersen, Jackie (Health)
Subject: RE: Bulk-billing GP centres election commitment [SEC=UNCLASSIFIED]

Karen,

Apologies for the delay – here is the dot point advice. Please note also that the DG had a conversation with Phillippe about this election commitment last week.

- The bulk billing grants won't be put out to tender until the allocation is made in the ACT Budget and the budget bill is passed
- The exact nature of the grants (eg whether to subsidise entirely new services or extend existing GP services) will be the subject of recommendations from ACT Health in the Business Cases
- ACT Health has done preliminary investigation into optimal structures for the grants - eg what type of grant with what conditions is most likely to improve bulk billing rates (noting that the biggest impact on bulk billing is the number of GPs in a given locale)
- Capital grants have been provided to GPs by both the Commonwealth and ACT governments in the past, with no noticeable impact on bulk billing rates. Their success has instead been in expanding the scope of services offered at GP clinics (eg employment of a dietician). This is because GPs cannot be contractually obliged to bulk bill, through a grants process or otherwise
- Past grants have also allowed for the building of additional clinical space, with the primary goal to support more teaching and training opportunities in general practice.
- However, to ensure that additional clinic space might actually impact bulk billing, there needs to be an extra specific service requirement out of that clinic space. This ensures the space is not consumed by business as usual practice (i.e. more GP consultations under the same pricing model), but rather influence a new model or service offering. ACT Health is currently considering which services might best be supported out of general practice that could materially impact bulk billing rates.

Please let me know if you need anything further.

Thanks,
 Vanessa

From: Pearson, Karen (Health) **On Behalf Of** ACT Health DLO
Sent: Wednesday, 18 January 2017 12:36 PM
To: Dal Molin, Vanessa (Health)
Subject: FW: Bulk-billing GP centres election commitment [SEC=UNCLASSIFIED]
Importance: High

Hi Vanessa

Are you able to follow up on the dot point advice?

Thanks

From: Andersen, Jackie (Health)
Sent: Thursday, 12 January 2017 5:21 PM
To: Dal Molin, Vanessa (Health); Pearson, Karen (Health)
Subject: RE: Bulk-billing GP centres election commitment [SEC=UNCLASSIFIED]

Hi there

Can we please ensure that dot point advice is trimmed as a MIN.
 ta

Jackie Andersen | Senior Manager, Ministerial and Government
 Government and Communications | ACT Health | ACT Government
 Level 3, 11 Moore St ACT 2601 | GPO Box 825 Canberra ACT 2601
Ph: (02) 6205 0829 | M [REDACTED] | **Email:** jackie.andersen@act.gov.au
health.act.gov.au

Care ▲ Excellence ▲ Collaboration ▲ Integrity

From: Dal Molin, Vanessa (Health)
Sent: Thursday, 12 January 2017 4:09 PM
To: Pearson, Karen (Health); Andersen, Jackie (Health)
Subject: RE: Bulk-billing GP centres election commitment [SEC=UNCLASSIFIED]

Karen,

Just to let you know we should have a response for you on this tomorrow afternoon. Key staff are meeting tomorrow morning to discuss.

Hope that's okay.

Thanks,
 Vanessa

From: Pearson, Karen (Health)
Sent: Monday, 9 January 2017 4:27 PM
To: Andersen, Jackie (Health)
Cc: Dal Molin, Vanessa (Health)
Subject: FW: Bulk-billing GP centres election commitment [SEC=UNCLASSIFIED]

Hi Jackie

Could you please see request below – for advice please.

Thanks

From: Attridge, Vanessa
Sent: Monday, 9 January 2017 4:01 PM
To: Pearson, Karen (Health)
Subject: Bulk-billing GP centres election commitment [SEC=UNCLASSIFIED]

Hi Karen,

Do we have a rough timeframe for the grants process for the bulk-billing GP centres that we announced in the campaign?

Thanks,

Nessa

Vanessa Attridge | Senior Health Adviser
Office of Meegan Fitzharris MLA
Member for Yerrabi
Minister for Health
Minister for Transport and City Services
Minister for Higher Education, Training and Research

P. (02) 6205 3502 | E. vanessas.attridge@act.gov.au





MINISTERIAL BRIEF

UNCLASSIFIED

To: Minister for Health and Wellbeing Tracking No.: MIN17/660
25 AUG 2017

From: Shaun Strachan, Acting Director-General

Subject: Options for delivery of the 'Boost for Bulk Billing General Practices' 2017-18 Budget measure.

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...
- DDG .../.../...

Purpose

To provide you with options for the delivery of the 2017-18 ACT Budget measure on boosting bulk billing general practices in the ACT.

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree to ACT Health managing the public tender process in-house in accordance with option one.

Agreed / Not Agreed / Please Discuss

Agreed in principle, subject to further information, as below.

Meegan Fitzharris MLA

31/ 8/ 2017

Minister's Office Feedback

Please provide a copy of statement of requirements at p.10. Please also advise if this process will be for MARR 17-18 funds only w/each

subsequent year subject to a new round that develops over time, (ie. as previously discussed each year could take a different focus)

Tracking No.: MIN17/660

UNCLASSIFIED

See note also about timing of expenditures

UNCLASSIFIED

Background

1. In 2016, the ACT government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT.
2. An early 2017–18 ACT Budget announcement revealed that \$1.05 million (GST exclusive) over three years had been allocated for bulk billing general practices to apply for a grant to expand their general practices and allow more Canberrans access to bulk-billed allied health services.
3. Your office has sought advice on the logistics of commencing the tender in a timely fashion. This brief outlines options for a rollout of this measure.

Issues

4. There are two options available to moving forward with this measure.

Option 1: ACT Health to develop and manage a public tender process (recommended)

5. This is ACT Health's preferred option. Under this option, following the ratification of the ACT Budget through the Legislative Assembly, ACT Health would open a public tender process, inviting general practice groups to submit applications for funding to extend their practices and their commitment to the provision of bulk billed allied health services.
6. ACT Health can complete the tender process, have contracts signed and monies issued before the end of the 2017/18 financial year.
7. A proposed timeline is at Attachment A for your information.
8. Commencing in mid August 2017, the relevant precursory consultations and approvals will be given a strict timeframe (by end September 2017). Following this, it is anticipated that the public tender process could be undertaken in October and assessed towards the end of 2017 at the earliest. While being mindful of the inevitable interruption of the Christmas break, contracts could be finalised by March 2018.
9. This process would adhere to the requirements of the *Financial Management Act* and allow time for a considered approach. Importantly, it also aligns with expectations under the *ACT Procurement Act* as the procurement is over \$200,000. The ACT Government's Procurement and Capital Works area will need to be engaged during the development of the procurement plan and tender requirement and any proposed timeline would need to accommodate the lead times associated with this process. A copy of the Purchasing Stages associated with the ACT Government's procurement guidelines is at Attachment B.
10. A broad statement of requirements has already been developed to inform further development of the tender documentation.

Tendering does not need to wait until budget passes.

UNCLASSIFIED

UNCLASSIFIED

Option 2: Outsource the implementation of this measure to a third party (alternative)

11. Under this option, following the ratification of the ACT Budget through the Legislative Assembly, ACT Health would directly partner under contract with the Capital Health Network (CHN). The CHN would then invite general practice groups to submit applications for funding to extend their practices and their commitment to the provision of bulk billed allied health services.
12. This process would result in a speedier commencement of the measure, as the transfer of funding to the CHN could be immediate and CHN would not be required to adhere to the same ACT Government procurement processes that govern ACT Health (and are described under Option 1). However, ACT Health would have to yield at least some control and responsibility for the program to the CHN as a result.
13. The CHN would likely be in a position to manage an open public tender process that could be finalised in a speedier manner, likely taking a few months and culminating with contracts signed well before Christmas 2017. There would remain opportunities for milestone announcements throughout the process.
14. The CHN plays a role in supporting general practice, primary, aged care and community care services to better meet the health needs of the ACT community. In theory, therefore, it would be an ideal choice for managing this measure as a third party. There would, however, likely be some administrative costs associated with the outsourcing of this measure to a third party. It is not uncommon to see applications for funding with administrative costs ranging from between 5 to 20 per cent, with a 10 per cent average being considered reasonable. While ACT Health does not generally support the appearance of budget line items for 'administrative costs' in funding proposals, it is generally acknowledged that organisations will routinely amortise administration fees across their budgets.
15. There is also a weakness with this option as many GP practices report poor engagement and dissatisfaction with the CHN.
16. ACT Health believes it is in the better organisation to deliver this measure, and therefore is preferred over outsourcing.

Financial Implications

17. \$1.05 million (GST exclusive) over three years:

2017-18	2018-19	2019-20	Total
\$350,000	\$350,000	\$350,000	\$1.05 million

Consultation

18. Nil

UNCLASSIFIED

UNCLASSIFIED

Benefits/Sensitivities

19. It is unlikely that the general practice community will expect this measure to be implemented within one month of the budget being passed. Any negative criticism of the speed of its implementation could be managed through some regular announcements, a good plan for implementation and regular communication. Feedback from GPs to date is that the government should take a considered approach to rolling out this measure.
20. A speedy unconsidered implementation of this measure will generate criticism. Lack of consultation on the selection process, having a short period to apply and any hint of favoritism is highly likely to generate negative press and negative comment from the general practice community and the Australian Medical Association ACT.
21. ACT Health recommends a robust public tender process as outlined under option 1. This option maximises the chance of generating good will with the GP community, which can be leveraged later during the ACT Health specialty service planning process.

Media Implications

22. There are no current media implications.
23. It is likely that there would be a number of future opportunities for media announcements during this time, including: the advertising of the public tender; notification of the successful applicants; and the opening of general practices (or their refurbishment/new services).

Signatory Name: Mary Wood

Phone: 79723

Attachments

Attachment	Title
Attachment A	Timeline for procurement
Attachment B	Purchasing Stages

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Bulk Billing Incentive Grants**\$1.05 million over three years commencing 2017–18****Procurement Timeline**

Time	Activity	Comments
Mid August 2017	Commence development of statement of requirements and detailed evaluation methodology	
September 2017	<ul style="list-style-type: none"> – Refine statement of requirement – Shared Services Procurement approval – Appoint tender evaluation group – Seek delegate approval of public tender process 	4-6 weeks.
Mid October 2017	<ul style="list-style-type: none"> – Open public tender process for 6 week period – Hold industry briefing for interested tenderers (first 2 weeks of open tender) 	8 weeks Having the tender open for a longer period is preferred as smaller GPs may want more than 6 weeks to complete their application.
January 2018	<ul style="list-style-type: none"> – Consideration and assessment of submissions 	3 weeks
February 2018	<ul style="list-style-type: none"> – Negotiation and finalise contracts 	3 weeks
March 2018	<ul style="list-style-type: none"> – Contract execution and program commencement 	

B

Buying Goods and Services for the ACT Government



Support

Home	About purchasing	Buying options	Existing contracts	SMS Procurement Reform
Postal suppliers	Procurement Documents	Buying a contract	Managing a contract	Support

- [About purchasing](#)
- [Approaching the market](#)
- [Purchasing principles](#)
- [Policy related issues](#)

About purchasing

Defining purchasing

The *Government Procurement Act 2001* defines procurement as the process of acquiring goods, services, works or property by purchase, lease, rental or exchange – and disposing of goods, works or property including by sale.

As a process, procurement (or purchasing) consists of four stages.

Thresholds

The thresholds for purchasing are:

- Basic Purchasing – under \$25,000 (incl. GST): you must seek at least one oral quote
- Simple Purchasing – \$25,000 - \$200,000 (incl. GST): you must seek at least three written quotes
- Complex Procurement – over \$200,000 (incl. GST): you must invite public tenders.

ACT Government Procurement Framework

Government Procurement Act 2001

The *Government Procurement Act* states that Territory entities (buyers) must pursue value for money in undertaking any procurement activity, which means

the best procurement outcome not necessarily the cheapest price.

Further, the Act provides information on Notifiable and Reportable Contracts. A notifiable contract is a written contract for procurement entered into by the Territory or a Territory entity. (Note: purchase orders are a type of contract.) For more information see Procurement Policy Circular 16: Notifiable and Reportable Contracts

Government Procurement Regulation 2007

Supporting the *Government Procurement Act 2001* is the Government Procurement Regulation 2007. The Regulation specifies the:

- threshold levels at which quotations and tenders must be sought
- minimum number of quotations that must be sought from suppliers at different threshold levels.

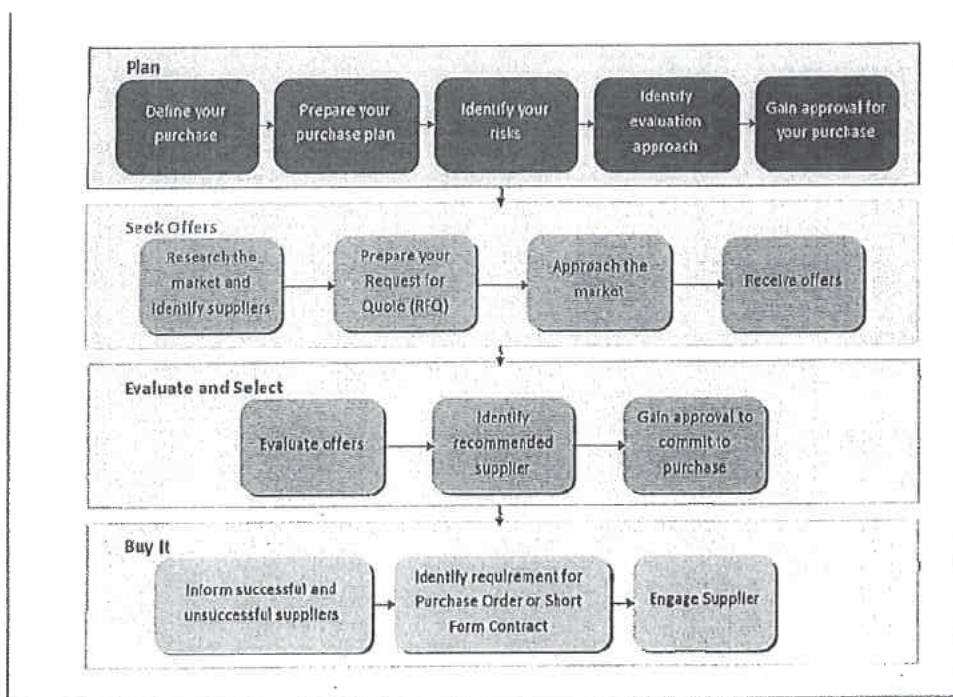
Exemption from quotation and tender thresholds requirements

Best practice is to seek the required number of quotations to maximise competition. However, Section 10 of the Regulation provides that the responsible Director-General may, in writing, exempt their entity from complying with the quotation and tender threshold requirements as described in sections 6 and 9 of the Regulation. The responsible Director-General (or delegated officer) must be satisfied, on reasonable grounds, that the benefit in giving the exemption outweighs the benefit in complying with the quotation and tender requirements of the Regulation. An exemption made under Section 10 of the Regulation does not remove the requirement to undertake a value for money assessment. When utilising a single select process, the Territory entity should still seek a response to approved assessment criteria and evaluate the response against those criteria, having regard to the value for money principles. For more information see *Procurement Circular 23 - Quotation and Tender Thresholds and PC25: Select and Single Select Procurement* (currently under review).

Here are some examples from the Regulation of when a responsible Director-General may exempt a procurement from the quotation and tender requirements:

- only a single or limited number of suppliers are available because of the need to *purchase equipment* that is compatible with existing equipment or because of a *supplier's specialist knowledge*;
- only one firm can supply a particular good or service;
- standardisation upon a given item or product is agreed after public tenders have been called for the original equipment;
- the time within which a particular procurement activity must be completed prevents the calling of public tenders.

Purchasing stages



SITE CONTENTS

Home	About purchasing	Buying options	Existing contracts	Document Management	Managing a contract	Support Contact details	QUICK LINKS
	Approaching market	Basic purchasing	About Government contracts		How we can help	Policy:	
	Purchasing principles	Simple purchasing	Contract management				Exemptions
	Policy issues	Assessing risks					Procurement policy circulars

Buying

practice:

- [Purchases under \\$25k](#)
- [Purchases \\$25k-\\$200k](#)
- [Assessing risk](#)

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Shared Services
Customer Portal

Updated 28/6/2013



MINISTERIAL BRIEF

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To: Minister for Health and Wellbeing

Tracking No.: MIN17/660
13 NOV 2017

From: Nicole Feely, Director-General

Subject: Options for delivery of the 'Better care when you need it—Support for bulk billing GPs' 2017–18 Budget measure.

Critical Date:

Critical Reason:

- DG 10.11.17
- DDG .../.../...

Purpose

To provide further information, as requested, on options for the delivery of the 'Better care when you need it—Support for bulk billing GPs' 2017–18 Budget measure.

Recommendations

That you:

1. Note the information contained in this brief and attachment; and

Noted / Please Discuss

2. Agree that the strong focus of the initiative be maintained across the delivery period, and that the right to award all of the funding in one year or to award varied amounts over more than one year, is reserved, depending on the quality of the applications.

Agreed / Not Agreed / Please Discuss

Meegan Fitzharris MLA *M Fitzharris* 11/11/2017

Minister's Office Feedback

2. agreed assuming Treasury agreement

Good framework for initiative. Thank you.

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Background

1. In 2016, the ACT Government made an election commitment to deliver a grant scheme to support the establishment of bulk billing general practices in the ACT. The 2017–18 ACT Budget provides for \$1.05 million (GST exclusive) over three years for the 'Better care when you need it—Support for bulk billing GPs' initiative.
2. You have agreed in principle to ACT Health managing a public tender process (subject to further information being provided), inviting general practice groups with a demonstrated commitment to bulk billing to submit applications for grant funding under this budget initiative.

Issues

3. Prior to agreeing to ACT Health commencing the development of a tender process for the bulk billing budget initiative, you requested that ACT Health provide you with:
 - the broad statement of requirements that will underpin the development of the tender documentation; and
 - advice on whether the focus of the initiative should change each year.

Broad statement of requirements

The development of the eligibility criteria for the program will be underpinned by the following *broad requirements* (noting that final criteria will be developed in consultation with key stakeholders to ensure probity and fairness):

- *Provision of more affordable care to Canberrans in target locations.*
While health professionals would retain autonomy over billing decisions, successful proponents would be strongly encouraged to bulk bill.
- *An increase in multidisciplinary workforce.*
The funding would support business models under which no/low-cost allied health services form part of the general practice.
- *Provision of support for preventive care within the general practice.*
This would include promotion of healthy lifestyles, addressing risk factors and lifestyle modifications to prevent chronic disease, and improving early detection and management of chronic disease.
- *Efficient and effective use of information technology.*
This would include an electronic clinical information system to make patients' medical records available (with patient consent) to all health practitioners at the general practice (including allied health professionals), as well as to external providers as appropriate.
- *Integration with local programs and initiatives in the community.*
For example, enhanced coordination with other health services or community health programs.

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Initiative focus

It is recommended that the focus of this initiative be maintained across the whole delivery period, and the flexibility to award the funding in a variety of ways be reserved. While it would be possible to change the focus of this grant scheme each successive year, positive results are more likely if there is a sustained focus on the broad requirements above. Further to this:

- The funding available for this grant scheme is relatively small compared to the expense of building and maintaining a general practice in a new location, such as Molonglo, particularly if increased levels of bulk billing is a criteria for selection.
- To increase the chance of a strong field of applicants, it may be preferable to enhance the offering by keeping the final selection criteria relatively broad, providing a greater scope for different, more innovative ideas to be put forward.
- It may also be helpful to reserve the right to award all of the funding in one year if several proposals of significant benefit to the community are put forward, or to award varied amounts over more than one year, depending on what is proposed.
- If the funding offered is limited by a requirement to spread the funding in a particular way, or to meet different, narrow criteria each year, the proposals are likely to be similarly limited.
- If applications from the first round are weak, the structure of the initiative may have to be revised.

Timeframe

4. Pending your agreement to the broad statement of requirements, and the initiative focus and funding arrangements over the prospective three-year project, it is expected that tender specifications will be developed in collaboration with key stakeholders during November and December 2017.
5. It is not recommended to launch the grant round over the Christmas/January period as potential applicants may be unavailable over that time period. ✓
6. It is recommended, therefore, to open the grant at the end of January 2018, with all applications to be received by the end of March 2018. Assessment of applications, selection of grant winners, and awarding of grant funds will occur during the last quarter of the 2017–18 financial year. ✓
7. A panel including key stakeholders will be convened to assess the applications received, and recommendations will be provided to the ACT Health delegate for approval. Deeds of Grant will be negotiated with grant recipients and will be endorsed by the ACT Health delegate.

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Financial Implications

8. If you agree to the recommendations above, spending for this initiative could vary from all funding being drawn down in year one (if applications are assessed as particularly robust) to little or no funding being utilised (if applications are weak). This will allow ACT Health to deliver funding to the most appropriate organisation for the best value for money results.

ConsultationInternal

9. Not applicable.

Cross Directorate

10. Not applicable.

External

11. Not applicable at this stage. Once the form of this initiative is agreed, consultation with key stakeholders, including the Capital Health Network, will be required to develop the final criteria for the tender.

Benefits/Sensitivities

12. Improved access to bulk billed health services in Tuggeranong and Molonglo will be of benefit to residents of those areas, particularly lower income and vulnerable population groups.

Media Implications

13. There are no media implications at this stage.

Signatory Name:	Toni Ashmore	Phone:	71066
Action Officer:	Catherine Eadie	Phone:	71541

Attachments

Attachment	
Attachment 1	Previous brief, titled "Bulk Billing Election commitment"

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PROJECT OVERVIEW

Project	BULK BILLING GENERAL PRACTICES		
Project Type	17/18 Election Commitment	17/18 Budget Commitment	17/18 Parliamentary Agreement
			System Innovation Project

SPONSORS

DDG Sponsor	Deputy Director-General, Health Policy and Strategy
Executive Sponsor	Executive Director, Strategic Policy

PROJECT RESOURCES

Project Manager	Senior Policy Officer, Health Policy
Health Services Program	Project Coordinator

SCOPE

Objectives	To establish a funding model to improve access to bulk billed general services in Tuggeranong and Molonglo Valley within the 2017/18 financial year.
Inclusions	<ul style="list-style-type: none"> Identification of the preferred funding model to improve access to bulk billed GP services. Implementation of the preferred funding model. Project activity is focused on the Tuggeranong and Molonglo Valley areas only.
Assumptions	Nil.
Exclusions	No evaluation required

Project Overview Comments:

- Nil for this reporting period.

MINISTERIAL REGISTER

Date submitted	Ref	Title	Action Officer
11/10	MIN 17/660	Options for delivery of the 'Better care when you need it-Support for bulk billing GPs' 2017-18 budget measure	Catherine Eadie
13/11	MIN 17/660	Provided further information on broad statement of criterion as requested by the Minister	Catherine Eadie

PROGRESS REPORT

OVERALL PROJECT STATUS		PROJECT HEALTH ASSESSMENT				
Current	Previous	Trend	Program	Financial	Risks	Issues
On Track	At Risk	Needs Attention				

PROGRAM / MILESTONES

Planned Completion Date: Completed Proposed Change Request Not Completed

J	A	S	O	N	D	J	F	M	A	M	J	FY 2017/2018	FY 2018/19
Development and recommendation of preferred funding model													
Executive endorsement for consultation													
Industry consultation to define the criteria complete													
Communication strategy developed													
Finalisation of grant criterion and noted by Minister for Health and Wellbeing													
Launch of the Bulk Billing support grant - applications open													
Grant assessment panel composition approved by ED													
Grant assessment panel membership approved by ED													
Applications close												16/3	4/4
Assessment of grant applications completed												06/4	
Assessment outcomes approved by Minister												13/4	18/5
Notification of grant application results													15/6
Execution of contract/s													22/6
Distribution of grant monies													15/7
Media opportunity for Minister for Health and Wellbeing													On receipt of invoice
													19/10, 22/10

Progress Report Comments:

- The three Deeds of Grant have been signed by the recipients and have been submitted to the financial delegates for execution.
- The remaining funding is to be provided to the Capital Health Network to conduct a research project to investigate options to improve the accessibility of primary health care for consumers and to support bulk billing in the ACT.

CHANGE REQUEST

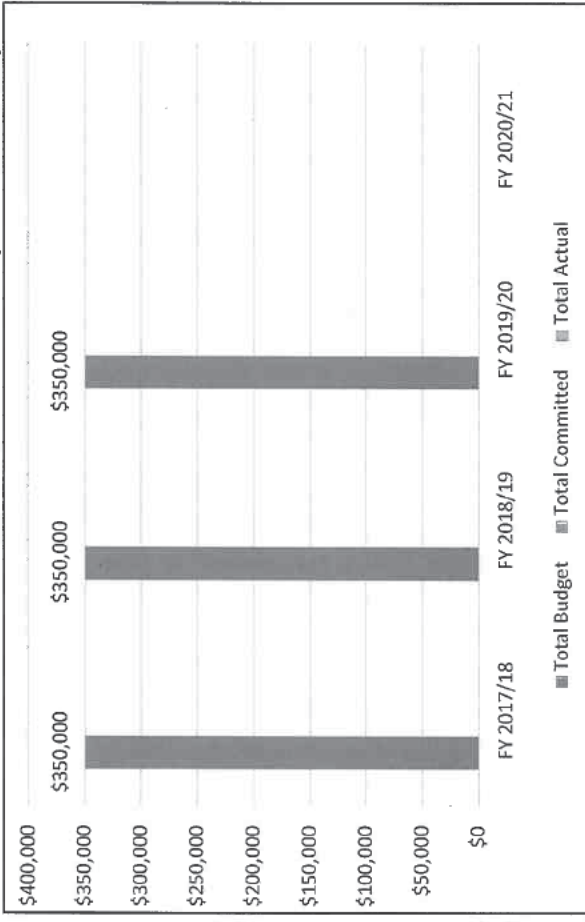
Details of proposed changes for this reporting period are as follows:

Details of Change	Anticipated Impact
Nil for this reporting period.	

APPROVED BUDGET ALLOCATION (All Financial Years)

	FY2017/18	FY2018/19	FY2019/20	FY2020/21
Recurrent	\$ 350,000	\$ 350,000	\$ 350,000	\$

PROJECT EXPENDITURE - COMMITTED & ACTUAL (YEAR TO DATE)



Financial comments:

- The selection criteria were deliberately broad in order to provide greater scope for innovative ideas to be submitted. The Minister had agreed that if several proposals are assessed as suitable to receive grant funding, all of the funding may be awarded in one year. Alternatively, the funding may be awarded over more than one year if that is more suitable. As a result, rollover of funds into 2018-19 was granted, as well as 'bring-forward' of 2019-20 funds into 2018-19.

KEY RISKS

Risk Description	Impact	Risk Rating	Treatment	Treatment Owner
No high or extreme risks for this reporting period.				

ISSUES

- Nil for this reporting period.

KEY ACTIVITIES NEXT 4 WEEKS

- Execute Deeds of Grant.
- Finalise project specifications for remaining funding.

BBGPGF March 18- June 18

Youn am leave.

Week beginning	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-April	30-Apr	07-May	14-May	21-May	28-May	04-Jun	11-Jun	18-Jun	25-Jun	02-Jul
	Draft up: Assessment Panel pack, Assessment form, Rubric, Eligibility form.	Draft up: Assessment Panel pack, Assessment form, Rubric, Eligibility form.	Enusre Assessment panel has been finalised and room/catering bookings have happened.	Easter L/W	ROUND CLOSED (6/3/18) Eligibility and applications checked by BO Unit.	Eligible Applications checked by Health Policy Unit. Assessment panel pack to panel members. (Pack saved on drive).	Applications to Panel members for assessment. * ACE HCCA. * AMA * CHN * ACT Health - Executive team. -MART. -TONI. * Col - ACT Health. * Marketing Anderson		Panel assessment and comments due back by Tuesday 8/5/18.	Week of the 14/5/18 Assessment Panel meets AND work on draft closing pack: To include: Closing brief, recommendations, project descriptions, unsuccessful projects, letters and media release. <i>Dates in Davies</i>	Recommendations pack MUST complete and on TRIM to Minister through ED/DG. Work on DOG template and drafts ready for send out.		Successful applications noted by Minister and letters sent. DOGs sent out.		FINANCE cut off. DOGs signed and payment finalised.		Projects commence
BO Unit has 2 weeks to assess													Panel has 2 weeks			3 weeks max for ED/DG/MIN approval	
BO Unit has 2 weeks to negotiate contracts																	



BULK BILLING GENERAL PRACTICES GRANT FUND FUNDING GUIDELINES

Applications close 3.00pm, 6 April 2018.

1. About the Bulk Billing General Practices Grant Fund

1.1. What is the purpose of the Bulk Billing General Practices Grant Fund?

In the 2017-18 budget, the ACT Government committed funding to establish a grant scheme to support the establishment of bulk billing general practices in Canberra's south.

The purpose of the Bulk Billing General Practices Grant Fund is to encourage the expansion or establishment of new general practices with a demonstrated commitment to bulk billing in Tuggeranong and Molonglo¹. This may include, but is not limited to, applications where there is a commitment to bulk billing for all patients, and applications with a commitment to bulk billing for identified groups, such as children or healthcare card holders.

The aim is to provide residents in those suburbs and surrounding areas with better access to affordable, connected, quality primary health care with a view to improving health and wellbeing, particularly for vulnerable members of the population. This includes better coordinated patient care that links with other health services and community health and support programs.

1.2. Alignment with ACT Government commitments

The Bulk Billing General Practices Grant Fund supports the ACT Government's health commitments under *The Canberra Plan—towards our second century, the Social Inclusion and Equality statement, ACT Budget 2016–17, the Human Services Blueprint, and the ACT Health Reconciliation Action Plan 2015–18*. It is also consistent with issues identified in the ACT Primary Health Network (PHN) Baseline Needs Assessment 2016, which highlights the need to improve access to, and management of, healthcare for targeted populations.

¹ Maps defining Tuggeranong and Molonglo are at Attachment 1

1.3. Available funding and program delivery timeframe

- a. Total funding for the Bulk Billing General Practices Grant Fund is \$1.05 million (GST Exclusive) over three years. The ACT Government reserves the right to award all of the funding in one year or to award varied amounts over more than one year, depending on the content and quality of the applications received. The ACT Government also reserves the right not to award funding if applications are not deemed suitable.
- b. The funding awarded will be determined by an Assessment Panel in accordance with the selection criteria.
- c. It is recommended that single applications for funding do not exceed \$350,000 (excl GST). The ACT Government reserves the right to vary this.
- d. The Assessment Panel may decide that a proposal should only be partially funded.
- e. There are no restrictions on the number of applications that an individual or group can submit, although each proposal must be submitted on a separate application form.
- f. Funding from the Bulk Billing General Practices Grant Fund may be used as a contribution towards a larger proposal. This intention should be clearly indicated in the application, including in the provision of a detailed budget.
- g. Successful funding recipients should have no expectation that funding will be renewed beyond the grant period, or in any way represents a commitment to recurrent funding.
- h. Timeframes for expenditure of funds by grant recipients will depend on the nature of the proposal and will be determined during the development of the Deed of Grant.

2. Funding Policies

2.1. Eligibility requirements

Please note that ineligible applications will not be assessed for funding. To be eligible, applicants must meet all of the following criteria:

- a. Applicants must be a viable legal entity as defined by the Australian Tax Office, for example:
 - an individual (sole trader)
 - a private company
 - a public company
 - a cooperative
 - a partnership.
- b. Applicants must have an Australian Business Number (ABN) or provide evidence that they have applied for one.

- c. Applicants must have a current Public Liability Insurance policy with cover of a minimum of \$10 million per event. Applicants without current insurance must provide evidence of a quotation for Public Liability Insurance.
- d. Applicants must deliver the grant funded activities in Tuggeranong or Molonglo in the ACT.
- e. Applicants must ensure that the application is signed by the Chief Executive Officer, or equivalent, of the applicant organisation. This person must have ultimate financial and management responsibility for the organisation.
- f. Applicants must not have overdue reporting requirements including financial acquittal for any previous ACT Government grant.
- g. Applicants may be asked to provide copies of recent audited financial statements to help support their claim of financial viability.
- h. Applicants must not be a political party.
- i. Applicants are accredited or registered for accreditation as a General Practice, or will register for accreditation if successful in their grant application.

2.2. What is eligible to be funded?

- a. The establishment of new or expanded bulk billing general practices in Tuggeranong and/or Molonglo. This may include capital works.

2.3. What will not be funded?

- a. Any activity or event that does not occur within the ACT.
- b. International travel.
- c. Fund-raising activities.
- d. Recruitment agency fees.
- e. Promotional activities.
- f. Projects that have already occurred, or costs that have already been incurred.

3. Assessment Criteria

3.1. Applications will be assessed against the following criteria:

- a. The proposal demonstrates that new or expanded general practice services will be established to provide primary health care to Canberrans in underserved locations in the target areas of Molonglo and Tuggeranong.
- b. While the general practice would retain autonomy over billing decisions, successful proposals will demonstrate a commitment to bulk billing.
- c. The proposal demonstrates support for:
 - preventive care—for example, promotion of healthy lifestyles, addressing risk factors and lifestyle modifications to prevent chronic disease, and improving early detection and management of chronic disease;
 - coordinated care with a multidisciplinary team approach that focusses on patients' needs—for example, easily accessible and affordable allied health services, or supported referral to these. Delivery of other innovative healthcare services to the community will also be considered favourably; and
 - integration with relevant local programs, support groups and initiatives in the community—for example, enhanced coordination with other health services or community health programs.
- d. The proposal demonstrates that the general practice will make effective use of digital health technologies, including (but not limited to) clinical information systems, secure messaging systems and My Health Record.
- e. The proposal demonstrates how the general practice will support:
 - culturally respectful health services for Aboriginal and Torres Strait Islander clients—for example, established links with community controlled organisations, demonstrated understanding of the specific healthcare needs of Aboriginal and Torres Strait Islander peoples, and/or Aboriginal and Torres Strait Islander-identified members of the practice's workforce;
 - culturally and linguistically diverse members of the population; and
 - vulnerable population groups.
- f. The proposal demonstrates efficient use of resources and value for money, and includes a budget with detailed costings, and evidence of the capability to deliver to deadlines and on budget.
- g. The proposal must include a timeline for implementation, a description of intended performance measures and a mechanism for project evaluation.
- h. The proposal demonstrates how the general practice will provide a sustainable long-term footing for bulk billed primary health care that is not reliant on further ACT Government funding.
- i. N.B. Applications will be assessed against all of the selection criteria.

4. Important information about the application process

4.1. Important dates

- a. Applications open: 9.00am, 12 February 2018
- b. Applications close: 3.00pm, 6 April 2018
- c. Late applications will not be accepted.

4.2. What to send

- a. Please provide an electronic copy of your application by submitting it to this email address: PSRcontracts@act.gov.au. Unfortunately, we are unable to return applications.
- b. Hard copy applications will not be accepted.

4.3. Submitting your application

- a. Please ensure your application is complete and correct prior to submission.
- b. Please ensure your application is signed by your Chief Executive Officer, or equivalent, prior to emailing (see eligibility requirements) Unsigned applications will not be accepted.
- c. You will receive an emailed response noting that your application has been received. If you do not receive a response within a two day period, please telephone 02 6205 2371 or 02 6207 7329 to check that your application has been received.

4.4. Further Information

For further information please consult the website at www.act.gov.au/bulkbillinggrant or e-mail PSRcontracts@act.gov.au

5. Bulk Billing General Practices Grant Fund Reporting Requirements

Successful applicants will be provided with a Deed of Grant which identifies reporting requirements and includes templates. The requirements include an evaluation report, financial summary sheet and financial acquittal as detailed in the attachments to the Deed of Grant.

6. Additional Information

6.1. Taxation Implications

Applicants are required to conduct their own enquiries about the tax implications if they are a successful grant recipient. Please note that as assets may be owned by applicants, this may have income and depreciation implications for taxation.

6.2. Privacy Implications

Applicants seeking participation in the Bulk Billing General Practices Grant Fund may be required to provide personal information—within the meaning of the Information Privacy Act 2014 (ACT)—to ACT Health for the purpose of administering, monitoring and reviewing the grant program. All such information will be managed in accordance with the Information Privacy Act 2014 (ACT). ACT Health may share your information with third parties for the purpose of assessing your application. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

6.3. Consent for use of personal information for marketing and promotional purposes

The names of grant recipients, grant amounts and purpose will be published for community information at www.act.gov.au/bulkbillinggrant for the purposes of promoting the grants and/or benefits achieved by the program. Successful grant recipients may be required to be available for public promotion. Grant recipients will also be required to install signage at their practice, for a period of time to be agreed in their Deed of Grant that indicates the practice was the recipient of the Bulk Billing General Practices Grant Fund.

6.4. Withdrawal from Program

Grant applicants may withdraw from participation in a funding round by forwarding written notice to:

Manager, Branch Operations
ACT Health
Policy and Stakeholder Relations
4 Bowes Street
GPO Box 825
CANBERRA ACT 2601
or via email to: PSRcontracts@act.gov.au

Grant recipients should note that withdrawal from the program may result in grant payments being withheld, adjusted or recovered by ACT Health, as appropriate.

ACT Health will reply to the grant recipient confirming their withdrawal from the program and setting out the grant amount repayable, if any, and enclose a tax invoice for this amount.

Sufficient notice should be provided to enable the Bulk Billing General Practices Grant Fund to be withheld, adjusted or repaid, as appropriate.

6.5. Suspension of Deed of Grant obligations due to exceptional circumstances

If the grant recipient fails to meet its Deed of Grant obligations due to a medical condition, or other unforeseen circumstances beyond their control, the grant recipient, their representative or Executor must immediately notify ACT Health in writing, giving reasons why they will not be able to meet their obligations and detailing the circumstances and extent of the situation.

ACT Health's Delegate has the discretion to determine whether a grant recipient remains compliant with the requirement of the Deed of Grant, or may approve a Deed of Variation with the consent of both parties. The Delegate has discretion to give special consideration to grant recipients who are unable to remain compliant with the requirements of the Deed of Grant due to exceptional circumstances.

6.6. Termination of Approval to participate in the Bulk Billing General Practices Grant Fund program and repayment of grant

If ACT Health is not satisfied that the individual or entity named in the Deed is meeting the conditions of payment or any other obligation specified in the Deed of Grant, it may seek to recover part of the grant payment already paid and/or withhold or reduce any further payments. In these situations, ACT Health will, in the first instance, advise the grant recipient of the breach in obligation and request that remedial action be implemented. The grant recipient will be required to respond within 14 days of receiving this correspondence.

ACT Health may terminate the Deed of Grant if:

- The grant recipient does not respond within 14 days of the notice; or
- The grant recipient fails to take action within 14 days of the notice; or
- ACT Health is not satisfied with the grant recipient's response; or
- The grant recipient notifies ACT Health of inability to meet an obligation(s) under the Deed.

In its correspondence with the grant recipient, ACT Health will set out the grounds for terminating the Deed of Grant, grant amount repayable by the grant recipient and enclose a tax invoice for this amount.

Where ACT Health terminates a Deed, it will not be obliged to pay the grant recipient or the Primary Health Care provider any outstanding grant installments.

6.7. Appeals

The avenue for appeal, in the event of a perceived failure of process, is to write to:
PSRcontracts@act.gov.au

Attachment 1 – Area Maps



Map 1 - Molonglo Valley, ACT



Map 2 - Tuggeranong Valley, ACT

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

ACCESSIBILITY

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.




If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

www.health.act.gov.au | Phone: 132281 |

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Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant:



2. Project Name:



3. Contact details (CEO):



4. Contact details (Program manager):

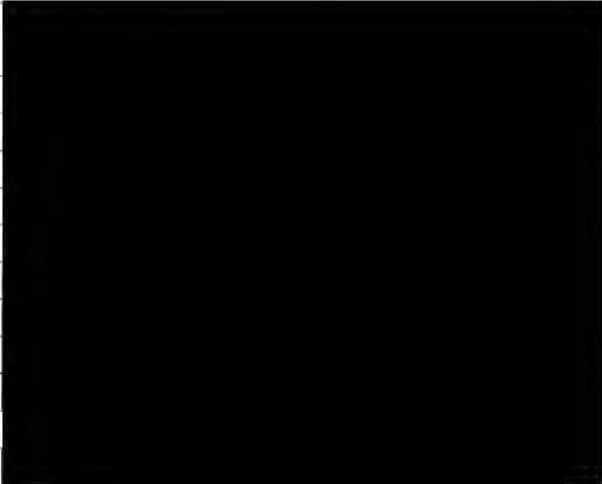
As above

5. Project description:



6. Funding requested:



Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant:



2. Project Name:



3. Contact details (CEO):



4. Contact details (Program manager):


As above

5. Project description:



6. Funding requested:



Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant:



2. Project Name:



3. Contact details (CEO):



4. Contact details (Program manager):


As Above

5. Project description:



6. Funding requested:



Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant:



2. Project Name:



3. Contact details (CEO):



4. Contact details (Program manager): as above

5. Project description:




6. Funding requested:



Eligibility Coversheet – BBGPGF Application No 1:

Date Submitted: 6 April 2018

Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:


1. Name of Applicant:



2. Project Name:




3. Contact details (CEO):

4. Contact details (Program manager): as above5. Project description:6. Funding requested: 

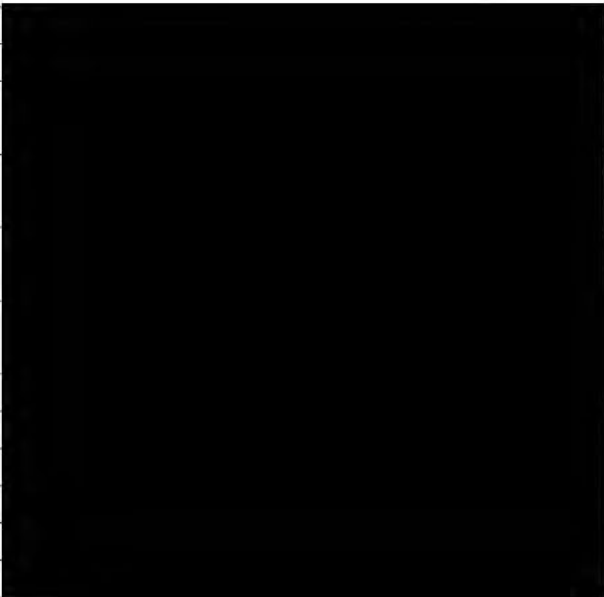
Eligibility Coversheet – BBGPGF Application No 1:

Date Submitted: 6 April 2018








Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant: 
2. Project Name: 
3. Contact details (CEO): 
4. Contact details (Program manager): as above
5. Project description: 
6. Funding requested: 


Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant: 
2. Project Name: 
3. Contact details (CEO): 
4. Contact details (Program manager): 
5. Project description: 

6. Funding requested:


Eligibility Coversheet – BBGPGF Application No 1:

Date Submitted: 19th March 2018

Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant: 
2. Project Name: 
3. Contact details (CEO):



4. Contact details (Program manager):

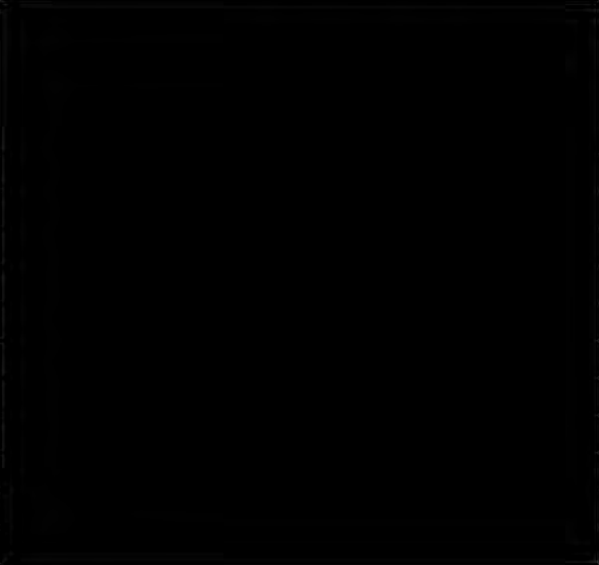


5. Project description:



6. Funding requested:




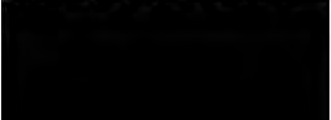
Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:


1. Name of Applicant: 

2. Project Name: 

3. Contact details (CEO): 



4. Contact details (Program manager): 


5. Project description:


6. Funding requested:


Eligibility Coversheet – BBGPGF Application No 7:

Date Submitted: 6th April 2018


Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

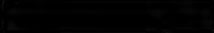
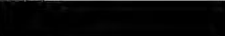
1. Name of Applicant: 
2. Project Name: 
3. Contact details (CEO): 

4. Contact details (Program manager):
As above
5. Project description:

6. Funding requested: 

Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant: 
2. Project Name: 
3. Contact details (CEO):




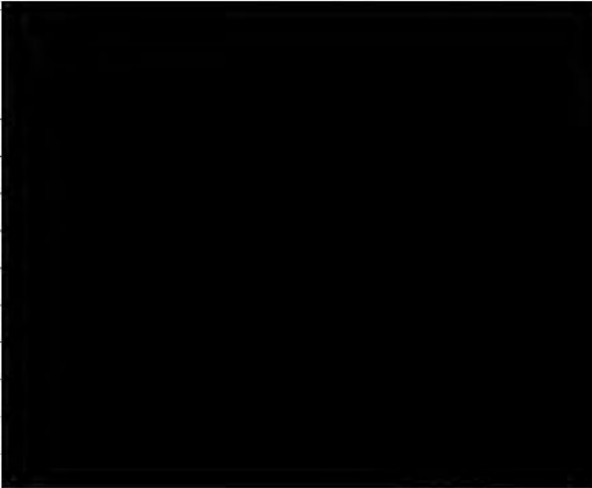
4. Contact details (Program manager):





5. Project description:



6. Funding requested: 

Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant: 
2. Project Name: 

3. Contact details (CEO):




4. Contact details (Program manager):



5. Project description:




6. Funding requested: 


Name of Applicant:	
Applicant ABN:	
Legal Entity Status (State which type):	
Location of Funded Activity:	
Excluded Funded Activities Status (State any)	
CEO Signature on Application	
Applicant Political Party Status:	
Evidence of PLI provided? (Min of \$10 Mill)	
General Practice Registration Status:	
Overdue ACT Government Reporting Status:	
Eligibility Status (Eligible/Not Eligible)	

If Application is eligible, please complete the following:

1. Name of Applicant: 
2. Project Name: 
3. Contact details (CEO):

4. Contact details (Program manager):
As above
5. Project description:

6. Funding requested: 

BULK BILLING GENERAL PRACTICES GRANT FUND Assessment Panel Information

Thank you for agreeing to be part of the panel to assess applications submitted to the *Bulk Billing General Practices Grant Fund*. If you have any questions, please contact Casey Wotton on (02) 6207 7329 or e-mail casey.wotton@act.gov.au.

Important Information

- **Assessments to be completed by:** Friday 27th April 2018
- **Panel Meeting Date:** 11am-2pm, Wednesday 2nd May 2018
- **Location:** Level 4, 6 Bowes Street, Woden (ACT Health)
- **Catering:** TBA

Panel Members

Name	Organisation	Email	Phone
Toni Ashmore (Chair)	Senior Manager, Policy and Stakeholder Relations, ACT Health.	Toni.ashmore@act.gov.au	02 62071066
Dr Katrina Anderson	Canberra Region Medical Education Council Chair, ACT Health, and GP at Companion House.	Katrina.Anderson@act.gov.au	02 62444951
Julie Porritt	Capital Health Network		
Dr Antonio Di Dio	Australian Medical Association (ACT)		
Kate Gorman	Health Care Consumers' Association		

Process

- The Bulk Billing General Practices Grant Fund Assessment Processes and Procedures (Attachment 1) provides useful information about the assessment process.
- Read the Funding Guidelines (Attachment 2) you begin assessing applications. It may help to read through a couple of applications to get a feel for the types of responses before you begin assessing.
- The assessment of applications involves a lot of reading. We suggest that you pace yourself to ensure each applicant is given a fair assessment. Allow a minimum of one day off line to process the applications.
- Consider the application as a whole, as well as whether it meets the assessment criteria. Your overall response to the proposal is valuable in the panel discussion. We recommend you record this in the comments box at the end of each assessment form to use as a reference at the panel meeting.
- All the applications that you are asked to assess have been checked for eligibility by a Contract Officer, Branch Operations Unit, ACT Health. Your role is to assess the applications against the Assessment Criteria.
- For each application, you will need to complete an individual panel assessment form.
- Rate each application from 0 – 3 against the selection criteria, and then total the scores.

- Please record your thoughts about the application and why you gave it the rating in the comments boxes. You will find these very useful in the panel discussions. Comments will not be shared with other panel members.
- A spreadsheet of your comments will be provided to you at the panel meeting for your reference.
- Date each assessment form as you complete it.
- **In order for the team to make final arrangements for the assessment panel meeting, could you please ensure that all your assessments are completed by Friday 27th April 2018.**

[Redacted]

1:3

• [Redacted]

2:1-2

• [Redacted]
• [Redacted]
• [Redacted]

3:1

• [Redacted]
• [Redacted]
• [Redacted]

4:3

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• [Redacted]

6:0

• [Redacted]
• [Redacted]
• [Redacted]
• [Redacted]
• [Redacted]

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• [Redacted]
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1:1-2

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• [Redacted]
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• [Redacted]

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• [Redacted]

[Redacted]

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• [Redacted]

3:1

4:1

5:0

6:0

7:0

4 [Redacted]

1:2

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• [Redacted]
• [Redacted]

3:1

4:0

5:2

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5 [Redacted]

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5:1	
6:1	
7:1	

• [Redacted]
• [Redacted]

3:3

4:3

5:2

6:3

7:0

6: [Redacted]

1:1

• [Redacted]

2:0

• [Redacted]
• [Redacted]

3:0

4:1

5:1

• [Redacted]

6:2

7:0

7: [Redacted]

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2:3

• [Redacted]
• [Redacted]
• [Redacted]

3:1

• [Redacted]

4:1

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5:3

6:2

7:1

10: 

1:3

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•

3:2

4:3

Application details.

1. Organisation name: [REDACTED]
2. Program name (if applicable): [REDACTED]

The assessment criteria has been taken from the funding guidelines. Please note that the 'Location of funded activity' assessment criteria, has been scored as part of the eligibility check and does not require your assessment.

Please rate each assessment criteria from zero to three (0-3).

Assessment Criteria 1.

The proposal shows demonstrated commitment to bulk billing (the general practice will retain autonomy over billing decisions).

Rating Scale			
0	1	2	3
The proposal did not demonstrate commitment to bulk billing.	The proposal demonstrated limited commitment to bulk billing.	The proposal demonstrated sound commitment to bulk billing.	The proposal demonstrated significant commitment to bulk billing.

Score for assessment criteria 1: (0-3) (3)

Comments: [REDACTED]

Assessment Criteria 2.

The proposal demonstrated efficient use of resources and value for money, and included a budget with detailed costings, and evidence of the capability to deliver to deadlines and on budget.

Rating Scale			
0	1	2	3
There was very limited detail on what the funding sought will be used for. The budget was not detailed and the project does not	There was some detail on what the funding sought will be used for. It provided limited value for money.	There was some explanation of each budget line item. The project appeared to offer reasonable value for money.	There was a detailed explanation of each budget line item. The project appeared to offer excellent value for money.

demonstrate value for money.			
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Score for assessment criteria 2: (0-3) (2)

Comments:



Assessment Criteria 3.

The proposal must include a timeline for implementation, a description of intended performance measures and a mechanism for project evaluation.

Rating Scale			
0	1	2 ✓	3
The proposal did not include a timeline for implementation. There were no performance measures and mechanisms for evaluation.	The proposal included a limited timeline for implementation. There were limited performance measures and mechanisms for evaluation.	The proposal included a well thought out timeline for implementation. There were well thought out performance measures and mechanisms for evaluation.	The proposal included a significantly thought out timeline for implementation. There were significant performance measures and mechanisms for evaluation.

Score for assessment criteria 3: (0-3) (2)

Comments:



Assessment Criteria 4.

The proposal demonstrated how the general practice will provide a sustainable long-term footing for bulk billed primary health care that is not reliant on further ACT Government funding.

Rating Scale			
0	1	2 ✓	3
The proposal did not demonstrate how the general practice will provide a sustainable and long-term bulk	The proposal demonstrated to a limited extent how the general practice will provide a sustainable and long-	The proposal demonstrated to a sound extent how the general practice will provide a sustainable and long-term bulk	The proposal demonstrated to a significant extent how the general practice will provide a sustainable and long-